REPORT OF RECEIPTS AND DISBURSEMENTS

s	ECRETARY OF STATE
	FCEINEM
J.J.	JAN 5 1 2017
	Secretary of State

Delhert Hosemann

20 Agricult Report	JAN 5 1 2017
Name of Candidate Lasey Eure	Secretary of State
Address 11839 Steeping Deer Ln Squiter MS 3,9379 County Harrison	Capital offication
Telephone 228-297-2849 Fax	-
Office Sought House Dist 116 Email Address Eurefold	Pableone ne T
	Mandatory Iding judicial candidates on the Pr 2016 General Election ballo
Termination Report (Candidate will no longer accept contributions, make Expenditures, has no outstanding debt obligation and zero cash on hand balance.) Require obligation	d to terminate reporting ons

IMPORTANT

- (1) Annual Reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (zero) for total amount of reported contributions and expenditures during the reporting period.
- (2) Until a Candidate files a Termination Report, all campaign finance disclosure reports must be filed in accordance with the applicable schedule set forth by Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The receiving office must be in actual receipt of the required report by 5:00 p.m. on the deadline. If the deadline falls on a weekend or legal holiday, the office must be in actual receipt of the required report by 5:00 p.m. on the first working day before the deadline. Reports may be faxed or emailed.

REPORTED CONTRIBUTION	ONS AND DISBURSEMENTS	
Itemized + Non-itemized =	This Period	Calendar Year-To-Date
Total amount of contributions \$ 2008 °+\$	\$ 2000 00	\$ 2000.00
Total amount of disbursements \$ 2,523,83+\$ 3396,40	\$ 5920,23	\$ 5920 ²³
Total amount of cash on hand	\$ 28,066,49	
I certify that I have examined this report and to the best of my Signature of Candidate	knowledge and belief it is true,	accurate, and complete.

Authority: Refer to Miss. Oede Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to timely submit required reports in accordance with the applicable statutes may result in the imposition of a civil penalty in the amount of \$50 per day for ten (10) days and/or prosecution pursuant to Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO:

- 1. Candidates for statewide, state-district, or legislative office file all required reports with the Secretary of State, Elections Division, P. O. Box 136, Jackson, MS 39205 or fax to (601) 576-2545.
- 2. Candidates for county or county-district office file all required reports with the County Circuit Clerk's Office,
- 3. Candidates for municipal office file all required report with the Municipal Clerk's Office.

Name of Candidate or	Committee	Casey	Eure	Campaign	
Reporting period	1-1-16	/	through	12-31-16	

ITEMIZED DISBURSEMENTS

A. Full name		
Mailing Address Chambless	Date (Mo., Day, Year)	Amount of each disbursement this period
11820 Sleeping Weer Un	21/01/16	\$ 250,00
City, State Zip Code Saucier Ms 79574	//	\$
Purpose of Disbursement (Optional) Cheer Sponsorship	Aggregate Year-to-date	\$ 25000
B. Full name Woolmarket Baseball	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	315116	\$ 450.00
City, State, Zip Code		\$
Purpose of Disbursement (Optional) 5 PON SONS HIP	Aggregate Year-to-date	\$ 450,00
C. Full name Bank OF America	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	515116	s 323, 83
City, State, Zip Code	//	\$
Purpose of Disbursement (Optional) (amouls n Material)	Aggregate Year-to-date	\$ 323 C
D. Full name D. T. Recville RacHetball	Date (Mo., Day, Year)	Amount of each disbursement this period
D. Full name D. T. Berville Bas Hetball Mailing Address	1	
D. Full name D. Therville Bas Hetball Mailing Address City, State, Zip Code	(Mo., Day, Year)	disbursement this period
City, State, Zip Code Purpose of Disbursement (Optional)	(Mo., Day, Year)	\$ 250 od
City, State, Zip Code Purpose of Disbursement (Optional) E. Full name	(Mo., Day, Year) //// Aggregate	\$ 250
City, State, Zip Code Purpose of Disbursement (Optional) Spon Sor Ship	(Mo., Day, Year) /// Aggregate Year-to-date Date	\$ 250 °°°°°°°°°°°°°°°°°°°°°°°°°°°°°°°°°°°
City, State, Zip Code Purpose of Disbursement (Optional) Spon Sor Ship E. Full name Frog Fes +	(Mo., Day, Year) Lulumul 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	\$ 250 S Amount of each disbursement this period
Mailing Address City, State, Zip Code Purpose of Disbursement (Optional) E. Full name Mailing Address City, State, Zip Code Purpose of Disbursement (Optional) On Soc Ship	(Mo., Day, Year) Lulumul 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	s 250 co Amount of each disbursement this period
City, State, Zip Code Purpose of Disbursement (Optional) E. Full name Mailing Address City, State, Zip Code Purpose of Disbursement (Optional) F. Full name F. Full name	(Mo., Day, Year) //// Aggregate Year-to-date Date (Mo., Day, Year) /_/////////// Aggregate	s 250 and s 250
City, State, Zip Code Purpose of Disbursement (Optional) E. Full name Fog Fes + Mailing Address City, State, Zip Code Purpose of Disbursement (Optional) F. Full name F. Full name Mailing Address Mailing Address	(Mo., Day, Year) L// 27 _// Aggregate Year-to-date Date (Mo., Day, Year) _/// // // Aggregate Year-to-date Aggregate Year-to-date Date	s 250 ao and a second s
City, State, Zip Code Purpose of Disbursement (Optional) E. Full name Mailing Address City, State, Zip Code Purpose of Disbursement (Optional) F. Full name F. Full name	(Mo., Day, Year) L 27 L Aggregate Year-to-date Date (Mo., Day, Year) L 7 L Aggregate Year-to-date Date Year-to-date Date (Mo., Day, Year)	s 250 and shape of this period shape of the
City, State, Zip Code Purpose of Disbursement (Optional) E. Full name City, State, Zip Code Purpose of Disbursement (Optional) F. Full name F. Full name F. Full name Mailing Address Mailing Address	(Mo., Day, Year) L 27 L Aggregate Year-to-date Date (Mo., Day, Year) L 7 L Aggregate Year-to-date Date Year-to-date Date (Mo., Day, Year)	s 250 and s 250

Name of Candidate or Committee	Case	y Eule	Campaign
Reporting period 1-1-16		through	12-21-16

ITEMIZED RÉCEIPTS

A. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Enloc MS	101111111111111111111111111111111111111	\$ 250,00
Mailing Address		
PO BOX 1/440		\$
City, State, Zip Code		
Jackson MS 39215		\$
Name of Employer (Required)		\$
Occupation (Doubles)		f., , , , , , , , , , , , , , , , , , ,
Occupation (Required)	Aggregate year–to-date	\$
B. Source: Corporation PAC Individual Loan	Date	Amount of each
Other (please specify)	(Mo., Day, Year)	receipt this period
Full name	D. 77.77	¢
Elec POWER OF MS	12/6/16	\$ 500.00
Mailing Address		A
PO BOX 3300	<u> </u>	\$
City, State, Zip Code Ridiciand, MS	\square , \square , \square	\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year–to-date	\$ 500,00
·		
C. Source C. Cornoration C. PAC C. Individual C. Loan	your to date	Amount of cook
C. Source Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify)	Date (Mo., Day, Year)	receipt this period
	Date	receipt
Other (please specify)	Date (Mo., Day, Year)	receipt this period
Other (please specify)	Date (Mo., Day, Year)	receipt this period \$
Full name Mailing Address City, State, Zip Coue	Date (Mo., Day, Year)	receipt this period
Full name Mailing Address	Date (Mo., Day, Year)	receipt this period \$
Full name Mailing Address City, State, Zip Coue	Date (Mo., Day, Year)	receipt this period \$
City, State, Zip Coue Name or ⊆mproyer (Required) Occupation (Required)	Date (Mo., Day, Year)	receipt this period \$
City, State, Zip Coue Name on Emproyer (Required) D. Source: Corporation PAC Individual Loan	Date (Mo., Day, Year) // // // // // // // // // // // // Aggregate year-to-date Date	receipt this period \$
Other (please specify) Full name Mailing Address City, State, Zip Coue Name or Emproyer (Required) Occupation (Required) D. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	receipt this period \$
City, State, Zip Coue Name on Employer (Required) D. Source: Corporation PAC Individual Loan Other (please specify) Full name	Date (Mo., Day, Year) // / / / / / / / / / / / / / / / / /	s Amount of each receipt this period
Other (please specify) Full name Mailing Address City, State, Zip Coue Name or Emproyer (Required) Occupation (Required) D. Source: Corporation PAC Individual Loan Other (please specify) Full name COMCGS F	Date (Mo., Day, Year) // // // // // // // // // // // // Aggregate year-to-date Date	receipt this period \$
Other (please specify) Full name Mailling Address City, State, Zip Coue Name or Employer (Required) Occupation (Required) D. Source: Corporation PAC Individual Loan Other (please specify) Full name COMCAC Mailing Address	Date (Mo., Day, Year) // / / / / / / / / / / / / / / / / /	s Amount of each receipt this period
City, State, Zip Coue Name or Emproyer (Required) D. Source: Corporation PAC Individual Loan Other (please specify) Full name Comease Specify Mailing Address 600 Calleria Parillo Suite 1100 City, State, Zip Code	Date (Mo., Day, Year) // / / / / / / / / / / / / / / / / /	s \$ Amount of each receipt this period \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
Other (please specify)	Date (Mo., Day, Year) // / / / / / / / / / / / / / / / / /	receipt this period \$
Other (please specify) Full name Mailing Address City, State, Zip Coue Name or Emproyer (Required) Occupation (Required) D. Source: Corporation PAC Individual Loan Other (please specify) Full name COMCGG F Mailing Address LOO CALELIA FOR HWA SUITE HUCC City, State, Zip Code ATIAATA BA BA JO33 9 Name of Employer (Required)	Date (Mo., Day, Year) // / / / / / / / / / / / / / / / / /	receipt this period \$
Other (please specify)	Date (Mo., Day, Year) // / / / / / / / / / / / / / / / / /	receipt this period \$

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Reporting period /-/-/6 through /2-3/-/6	

ITEMIZED RECEIPTS A. Source: Corporation PAC Individual Loan Amount of each Date receipt (Mo., Day, Year) Other (please specify) this period Full name \$ 250 State PAC **Mailing Address** \$ T City, State, Zip Code 39502 Gulfoort Name of Employer (Required) Occupation (Required) **Aggregate** \$ 250. year-to-date B. Source: Corporation PAC Individual Amount of each Date receipt (Mo., Day, Year) Other (please specify) this period Full name \$ 250,00 Allway **Mailing Address** 2*500* City, State, Zip Code \$ [Name of Employer (Required) \$ [Occupation (Required) Aggregate \$ 250 year-to-date C. Source Corporation PAC Individual Loan Amount of each Date receipt (Mo., Day, Year) Other (please specify) this period Full name \$ 250,00 Mailing Address City, State, Zip Code Spartanb Name of Employer (Required) Occupation (Required) Aggregate \$ 250 year-to-date D. Source: Corporation PAC Individual 🗌 Loan Amount of each Date receipt (Mo., Day, Year) Other (please specify) this period Full name \$ Mailing Address City, State, Zip Code \$ [Name of Employer (Required) \$ [Occupation (Required) Aggregate

year-to-date